

TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
The Children's Hospital		09/24/2007	non-profit corporation: OHIO
RECEIVING PARTY DATA			
Name:	Nationwide Children's Hospital		
Street Address:	700 Children's Drive		
City:	Columbus		
State/Country:	OHIO		
Postal Code:	43205		
Entity Type:	non-profit corporation: OHIO		
PROPERTY NUMBERS Total: 23			
Property Type	Number	Word Mark	
Registration Number:	2535739	BE POISON SMART!	
Registration Number:	2928393	CHILDLAB	
Registration Number:	2954419	CHILD LAB	
Registration Number:	2394877	CHILDREN'S	
Registration Number:	3259165	CHILDREN'S	
Registration Number:	3102355	CHILDREN'S ACTION NETWORK	
Registration Number:	2344995	FOR EVERY CHILD, FOR EVERY REASON	
Registration Number:	3272985	INTERNATIONAL SYMPOSIUM ON THE HYBRID APPROACH TO CONGENITAL HEART DISEASE	
Registration Number:	3238710	ISHAC	
Registration Number:	2727657	PARTNERS FOR KIDS CHILDREN'S HOSPITAL & PHYSICIANS' HEALTHCARE NETWORK	
Serial Number:	78416056	MEDIGLYPHS	
Registration Number:	3126700	PCTI	
Serial Number:	78409926	PEDIAGLYPHS	

CH \$590.00 2535739

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TRADEMARK
REEL: 003671 FRAME: 0798

Registration Number:	3203629	PEDIATRIC CLINICAL TRIALS INTERNATIONAL
Registration Number:	2600109	PEDIATRIC CLINICAL TRIALS INTERNATIONAL, INC.
Registration Number:	3201975	RAISE YOUR VOICE
Registration Number:	2546540	SAFE-T-SAURUS
Registration Number:	2546539	SAFE-T-SAURUS
Registration Number:	2546538	
Registration Number:	3146015	SNACKWISE
Registration Number:	3204447	
Registration Number:	2862831	YOUR VOICE. THEIR FUTURE.
Serial Number:	77220293	CLOSE TO HOME

CORRESPONDENCE DATA

Fax Number: (202)533-9099

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 2024678800

Email: iplaw@vorys.com

Correspondent Name: Vorys Sater Seymour and Pease LLP

Address Line 1: P.O. Box 1008

Address Line 2: iplaw@vorys

Address Line 4: Columbus, OHIO 43216-1008

ATTORNEY DOCKET NUMBER:	NATIONWIDECHILDREN'S HOSP
NAME OF SUBMITTER:	Joan C. Makley
Signature:	/Joan C. Makley/
Date:	12/04/2007

Total Attachments: 4

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/25/2007	200726800184	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

VORYS, SATER, SEYMOUR & PEASE
52 E. GAY STREET
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**8977**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NATIONWIDE CHILDREN'S HOSPITAL

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200726800184

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 24th day of September,
A.D. 2007.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910

Toll Free: 1-877-SQS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☒ Yes PO Box 1390
Columbus, OH 43216

** Requires an additional fee of \$100 **

☐ No PO Box 1028
Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members**
(Domestic)

Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	PLEASE READ INSTRUCTIONS <input type="checkbox"/> Amendment (125-AMDS)	(2) Domestic Nonprofit <input type="checkbox"/> Amended (126-AMAN)	<input checked="" type="checkbox"/> Amendment (126-AMSD)
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Complete the general information in this section for the box checked above.

Name of Corporation The Children's Hospital
Charter Number 8977
Name of Officer Steven J. Allen, M.D.
Title Chief Executive Officer

☐ Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

☐ A meeting of the ☐ shareholders ☐ directors (nonprofit amended articles only)☐ members was duly called and held on _____
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

☒ In a writing signed by all of the ☐ shareholders ☐ directors (non-profit amended articles only)☒ members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)

Authorized Representative

Steven J. Allen, M.D.
(Print Name)
Chief Executive Officer

September 24, 2007

Date _____

Authorized Representative

(Print Name)

Date _____



Prescribed by:

The Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME*(For Domestic / Foreign, Profit or Nonprofit)***Must Be Accompanied By Another Form**

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

<input checked="" type="checkbox"/> Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSN)	Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
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☐ Check here if additional provisions are attached
 Charter or Registration No.
 of Entity Giving Consent

593488

 Name of Entity
 Giving Consent

Nationwide Children's Hospital, Inc. (fka, Children's Hospital, Inc.)

Gives Its Consent To

The Children's Hospital

To Use The Name

Nationwide Children's Hospital

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative


 Authorized Representative

 9-24-2007
 Date

 Authorized Representative

 Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.